
First Contact Derbyshire Signposting Scheme

Privacy Notice

The information on this form will only be used to support you in accessing relevant community based services and will be destroyed after 2 years. Under the Data Protection Act 2018 you have the right to access any information we hold on you. For further information on how Derbyshire County Council may use your personal information visit: www.derbyshire.gov.uk/privacynotices

Please complete all sections of the form

Title First name

Surname

Date of Birth ☐ Male ☐ Female

Address

Tel no

Email

First language/communication needs
(i.e large print/audio/BSL/easy read etc)

Housing (we need to identify housing tenure so that the
referral can be sent to the correct place)

☐ Owner Occupier ☐ Social Housing ☐ Private rented

Alternative Contact (If appropriate, please provide an alternative
contact name and telephone number)

Name

Tel no

General Questions for all age groups

Staying safe and secure at home

1a Would you like information or support to help improve fire safety in your home? (Please tick as required)

- ☐ A smoke alarm? ☐ Fire safety advice?

1b Would you like information and advice about keeping safe and secure at home? (Information pack – Trusted Trader Anti-social behaviour, scams and telecare) ☐ Yes

1c Would you like any help or advice if the following has happened to you? (Please tick as required)

- ☐ A bogus caller / rogue trader has tried to sell you something or carry out work on your property?
☐ You have been a victim of a scam?

1d Do you consider yourself to be at risk of falling? If yes, would you like an information pack about how to prevent falls? (Please tick as required)

- ☐ Local falls prevention exercise classes ☐ Tips for preventing falls at home

1e Would you like to be able to call for assistance at home if you get into difficulty by having a community alarm fitted? (Alarm system that sends support to help you get up if you have a fall at home) ☐ Yes

Housing Support

2a Would you like to discuss your existing and future housing needs with a housing options advisor? (Please tick as required)

- ☐ Move area ☐ Move to a different size property ☐ Supported living

2b Would you like advice about keeping your home warm? (Please tick as required)

- ☐ Energy tariffs ☐ Grants, schemes to help with replacement heating equipment ☐ Insulation ☐ Meter reading

2c Would you like some help or advice about arranging repairs to your home? (Please tick as required)

- ☐ Repairs needed to the home ☐ Support with obtaining quotes from trusted traders

Social and recreational activities

3a Are you interested in finding out about social and recreational activities in your area? (Please tick as required)

- ☐ Social groups ☐ Clubs ☐ Local activities ☐ Drop in services ☐ Befriending services

3b Would you like information on community transport (for those who cannot access other forms of transport i.e. public transport or do not have their own car) (Please tick as required)

- ☐ Shopping bus service ☐ Transport for medical or health appointments

3c Would you like information on the Home Library Service? (For people who cannot get to their local library – a selection of books/audio books or other literature will be brought to their home)

☐ Yes

3d Would you like information about how to become a volunteer and the volunteering opportunities in your area? (Volunteer Passport training and support to find local volunteering opportunities)

☐ Yes

Work, learning and income

4a Would you like support to find or sustain employment if you have a long term health condition or disability? (Support for people with a disability to find paid, voluntary or work experience placements)

☐ Yes

4b Would you like information on opportunities for taking part in Adult Education Learning such as computing, improving Maths/English etc?

☐ Yes

4c Would you like any advice on benefits you may be entitled to? (Benefit check to make sure you are getting all the benefits you are entitled to)

☐ Yes

Families and relationships

5a Do you provide unpaid/informal care for someone else? If yes would you like information on support services available for carers? (Please tick as required)

- ☐ Carers assessment ☐ Carers break ☐ Support groups ☐ General information for carers
-

5b Have you or a member of your immediate family served in the armed forces? If yes would you like information on support available to ex-service people and their dependents? (Please tick as required)

- ☐ Help with housing ☐ Finances ☐ Emotional mental wellbeing ☐ Support groups and social activities
-

5c Do you have any children aged 19 or under? Would you like information about opportunities for support available for families? (Please tick as required)

- ☐ Childcare options & providers ☐ Help with childcare costs
-

Health and wellbeing

6a Would you like information to help you to improve your health through making positive lifestyle changes? (Please tick as required)

- ☐ Help to give up smoking ☐ Help to lose weight ☐ Help to become more active ☐ Help to manage or reduce your alcohol use ☐ Help with a drugs problem
-

6b Would you like information about support to improve your emotional wellbeing? (Please tick as required)

- ☐ Health condition related support ☐ Counselling & therapy ☐ Support groups ☐ Bereavement support
-

6c Do you have any difficulty managing your personal care including hygiene, dressing/undressing, mobility, making meals and social contact or require advice on aids and adaptations? (Please tick as required)

- ☐ Mobility issues ☐ Grab rails, aids and adaptations ☐ Help with personal care
-

6d Would you like to speak with someone regarding memory matters, for example, if you or someone you care for is finding it difficult to complete familiar daily tasks or experiencing confusion or forgetfulness? (Please tick as required)

- ☐ Information and advice about dementia ☐ Groups and activities ☐ Caring for someone with dementia
-

GP Surgery:

Tel no:

Is there any additional information you could give to assist the agencies receiving the referral(s)? (Including health and safety or other potential concerns)

If you have referred the client to other agencies/services not covered in this booklet, please add their details here:

Please Note: If any concerns about safeguarding were raised, please progress the issue using your own agency's safeguarding procedures

The First Contact Partnership is always looking for ways to improve its services and will keep your details so that we may contact you again in the future.

If you are happy for us to contact you to seek your views on the service(s) offered through First Contact please tick this box. ☐

Statement of Consent

I give my consent for my personal information recorded on this form to be shared with the First Contact partnership organisations listed on page 7 of this booklet. The partnership organisations are asked to report back to us and share basic details about the outcome of referrals they have received from First Contact. This data will only be used to create anonymised statistics and reports to help us assess the success of the scheme. You can withdraw your consent at any time but without this consent it may limit the amount of help we can offer. To withdraw consent please ring 01629 532503.

Your signature

Date

Or signing on
your behalf

Name

Relationship to client

Name of person
completing form

Organisation

Signature

Tel no

Date

Email address of
person completing
the form

Please post the completed form to: Call Derbyshire, County Hall, Smedley Street, Matlock, DE4 3AG. Alternatively the form can be completed online at **www.derbyshire.gov.uk/firstcontactform**
For further information contact the First Contact Team on: **01629 532503**